

AP/2661
JEW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRADEMARK APPLICATION

Application of:
Sreenivas RAMASWAMY

Application Serial No.: 09/631,269

Examiner: Moore, I.

Filing Date: August 2, 2000

Group Art Unit: 2661

Attorney Docket No.: 10792-1158

Client Docket No.: PD-980182A

For: METHOD AND SYSTEM FOR PROVIDING SATELLITE BANDWITH ON DEMAND
USING MULTI-LEVEL QUEUINGDIRECTOR OF PATENTS AND TRADEMARKS
Alexandria, VA 22313-1450**NOTICE OF APPEAL**Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner dated August 24, 2004, twice and/or finally rejecting the following claims: 1-51.

The Fee for this Notice of Appeal (37 CFR § 1.17(b)) is \$500.00.

Petition is hereby made under 37 CFR § 1.136(a) to extend the time for response to the Office Action of August 24, 2004 to and through December 27, 2004, for an extension of:

1 month (\$120) 2 months (\$450)
 3 months (\$1020) 4 months (\$1590) Total: \$120.00

Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.

Payment of \$ ___ by Credit Card. Form PTO-2038 is attached.

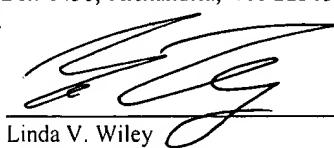
The Director is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account 50-0383, including any filing fees under 37 CFR § 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR § 1.17

Respectfully submitted,

DITTHAVONG & CARLSON, P.C.


Phouphanomketh Ditthavong
Reg. No. 44658

I hereby certify that this correspondence and all correspondence identified as accompanying this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2004.

Date: 12/27/04
Linda V. Wiley

09531269

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12/29/2004 AWDNDAF1 00000034 500383

01 FC:1401 500.00 DA
02 FC:1251 120.00 DA

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees are subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
620.00

Complete if Known

Application Number	09/631,269
Filing Date	August 2, 2000
First Named Inventor	Ramaswamy, S.
Examiner Name	Moore, I.
Art Unit	2661
Attorney Docket No.	980182A

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-0383 Deposit Account Name: Hughes Electronics Corp.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
- 20 or HP =	x	=		50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

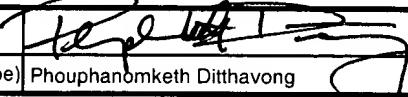
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Filing Fee (\$500), 1 month Extension Fee (\$120)

\$620.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 44658	Telephone 703-425-8508
Name (Print/Type)	Phouphanomketh Ditthavong	Date 	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.